

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.P.	JC 844	01/23/01
RESPONSE FORMALITY REVIEW	M.D.	JC 955	02/28/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	3/15/02
2	✓	✓	3/15/02
3	✓	✓	3/15/02
4	✓	✓	3/15/02
5	✓	✓	3/15/02
6	✓	✓	3/15/02
7	✓	✓	3/15/02
8	✓	✓	3/15/02
9	✓	✓	3/15/02
10	✓	✓	3/15/02
11	✓	✓	3/15/02
12	✓	✓	3/15/02
13	✓	✓	3/15/02
14	✓	✓	3/15/02
15	✓	✓	3/15/02
16	✓	✓	3/15/02
17	✓	✓	3/15/02
18	✓	✓	3/15/02
19	✓	✓	3/15/02
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25	✓	✓	3/15/02
26	✓	✓	3/15/02
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28	✓	✓	3/15/02
29	✓	✓	3/15/02
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46	✓	✓	3/15/02
47	✓	✓	3/15/02
48	✓	✓	3/15/02
49	✓	✓	3/15/02
50	✓	✓	3/15/02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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